Patent Attorney's Docket No. <u>001425-108</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	IN THE OWNER STATES								
In re Pa	atent Application of								
Ge XU	· · · · · · · · · · · · · · · · · · ·	Group Art Unit: 1763							
Applica	ation No.: 09/863,338	Examiner: S. MacArthur							
Filed:	May 24, 2001	Confirmation No.: 1018							
For:	CVD APPARATUS) VIA FACSIMILE							
))							
)							
AMENDMENT/REPLY TRANSMITTAL LETTER									
P.O. B	issioner for Patents ox 1450 dria, VA 22313-1450								
Enclosed is a reply for the above-identified patent application.									
[A Petition for Extension of Time is also enclosed.								
ſ	A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.								
[Also enclosed is/are								
[
Ţ	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).								
	 [] Applicant(s) previously submitted _ requested. 	_, on, for which continued examination is							
Ĺ	exceed three months from the filing of th	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
[A Request for Entry and Consideration of (1809/2809) is also enclosed.	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.							
[No additional claim fee is required.	No additional claim fee is required.							

Amendment/Reply Transmittal Letter Application No. 09/863,338 Attorney's Docket No. 001425-108 Page 2

[X] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	32	MINUS 31 =	1	× \$18.00 (1202) =	\$18.00	
Independent Claims	2	MINUS 3 =	0	× \$84.00 (1201) =		
If Amendment adds mu	ltiple depend	lent claims, add \$28	30.00 (1203)			
Total Amendment Fee						
If small entity status is	claimed, sub	tract 50% of Total	Amendment F	ee		
TOTAL ADDITIONA					\$18.00	

[]	A	claim	fee	in th	e ar	mount	of \$		is e	enclosed
---	---	---	-------	-----	-------	------	-------	-------	--	------	----------

[X] Charge \$ 18.00 to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: May 13, 2003_

William C. Rowland

Registration No. 30,888

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620